

The Federal Government will receive equal value in land from the city. The passage of this Act is good for the public and for the residents of Craig.

#### PAYING TRIBUTE TO ARTHUR MOSS

**HON. SCOTT McINNIS**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 30, 2003*

Mr. McINNIS. Mr. Speaker, it is with a heavy heart that I rise before this body of Congress and this nation today to pay tribute to the life and memory of an outstanding citizen and community leader. Arthur Moss of Grand Junction, Colorado recently passed away at the age of eighty-four. Art was very active in his community and leaves a legacy in Grand Junction worthy of praise. As his family and friends mourn his loss, I am honored to pay tribute to his life and accomplishments here today.

Born in Canada and raised in Michigan, Art moved to Grand Junction in 1955. He was a community leader from the beginning, serving as the first Director of Club 20, an organization dedicated to representing the concerns and interests of the communities of Western Colorado. Art helped bring Grand Valley Daybreak, an adult daycare program, to Grand Junction. In addition, he served as President of the Western Colorado American Boy Scouts and Chairman of Mesa County Republicans. An endless list of organizations have benefited from Art's influence, from the Masonic Lodge to the United Fund. No matter what the cause, Art always helped get the job done.

Mr. Speaker, Arthur Moss was a true community leader. Unconcerned with seeking credit for his work, Art worked tirelessly to improve his community. He was a dedicated and driven man who wanted the best for his friends and neighbors. While Art has passed on, his legacy is sure to live for many years to come. I am honored to join with my colleagues in remembering the life and accomplishments of Arthur Moss here today, and my thoughts are with his family during this difficult time.

#### SUPPORT OF NATIONAL BREAST CANCER AWARENESS MONTH

**HON. MADELEINE Z. BORDALLO**

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 30, 2003*

Ms. BORDALLO. Mr. Speaker, today I join my colleagues in support of the fight against breast cancer. I am told that this year 211,300 new cases of breast cancer will be diagnosed. A few years ago, two of those cases were my nieces, Donna and Catherine.

I will never forget their experiences in fighting the disease, the pain and side effects of treatment. I will never forget the feelings of fear and helplessness that their parents and the rest of our family felt because we could not take away their suffering.

So today as we celebrate the progress made in the fight against breast cancer, I want

to express my gratitude to those who work to raise awareness and who encourage self-testing and early screening. I also commend those involved in research, those who fight to fund that research, and the survivors of breast cancer and their families for the strength and support they provide to other victims. Without your efforts, Donna, Catherine, and many other breast cancer victims would not be here today.

To my colleagues in Congress, I urge you to do your part in the fight against breast cancer: let us ensure that when the reauthorization of the Mammography Quality Standards Act and the National Breast and Cervical Cancer Early Detection Program comes before us, we provide the necessary funding so that one day there will be no need for Breast Cancer Awareness Month.

#### MEDICAID PSYCHIATRIC HOSPITAL FAIRNESS ACT OF 2003

**HON. JIM McCRERY**

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 30, 2003*

Mr. McCRERY. Mr. Speaker, last week, I introduced H.R. 3633 a bill of great importance. Federal law generally allows states to use matching federal Medicaid funds to pay for inpatient psychiatric care. There is, however, a key exception that poses risks both to patients in need of services and the facilities that serve them. Specifically, federal law does not permit the use of federal matching funds to provide acute inpatient psychiatric services at free-standing non-governmental psychiatric hospitals, the so-called Institutions for Mental Diseases (IMDs). The exclusion applies only to patients between the ages of 21 and 65 who are on Medicaid.

That is not to say the federal government is not willing to pay for this population's acute inpatient psychiatric care. To the contrary, Medicaid funds can be used to pay for the care of these patients in general hospitals that provide psychiatric services. The difference has nothing to do with the patient or the care. It has everything to do with the type of facility.

States are free to spend their own money on these patients when services are delivered in an IMD. They have been reluctant to do so, however, because there is no federal match and, perhaps more importantly, the patients are already getting the care without the state having to spend a dime.

How is that possible?

Simple. Under the Emergency Medical Treatment and Labor Act, better known as EMTALA, patients presenting themselves to a hospital which provides emergency services must be assessed and stabilized before they can be discharged.

With many hospitals emergency rooms full to capacity and with a shrinking number of acute psychiatric beds in the U.S., patients with psychiatric problems and their families either seek emergency services in a non-governmental psychiatric hospital or are transferred from a general hospital to an IMD. Once the patient comes into the IMD's emergency room, the hospital is legally obligated under EMTALA to provide treatment to stabilize the patient, which can take several days or more.

If the patient is on Medicare or private insurance, the IMD can be paid for the services rendered. But if the patient is on Medicaid and happens to be between the ages of 21 and 65, the psychiatric hospital generally has to render care for which they will not be reimbursed.

Consider the unfairness. Washington has passed a law requiring a hospital to provide medical care for an entire class of patients and simultaneously refused to make Medicaid matching payments for those services.

Required to take these patients, IMDs are placed under tremendous financial pressure. Those with a particularly high number of these EMTALA Medicaid cases may find their only option is to close their doors, creating a real access problem in local communities.

In Shreveport, Louisiana, for example, there is one non-governmental IMD whose continued financial viability is tenuous. Over the past year, this facility has taken emergency transfers from over 70 hospitals throughout the state and from as far away as 300 miles. If this psychiatric hospital closes its doors as a result of their unreimbursed Medicaid costs, these mentally ill patients will lose their only access to care in North Louisiana.

In order to address this unfair conflict in two federal laws—the IMD exclusion and EMTALA—I introduced H.R. 3363, the Medicaid Psychiatric Hospital Fairness Act of 2003. This measure would allow states to use federal matching funds to pay for the care of Medicaid recipients between the ages of 21 and 65 in IMDs if the patient was admitted pursuant to EMTALA or as a result of a transfer from another hospital and required immediate, inpatient hospitalization.

The measure is supported by the National Alliance for the Mentally Ill—the country's largest advocacy organization for the mentally ill, the National Association of Psychiatric Health Systems, the American Hospital Association, the American Psychiatric Association, and the National Association of County Behavioral Healthcare Directors.

Mr. Speaker, I urge swift action on this legislation that will help ensure nongovernmental psychiatric hospitals remain open to serve one of our most vulnerable populations, individuals with serious and persistent mental illness.

#### PAYING TRIBUTE TO BERNICE TOONEN COOPER

**HON. SCOTT McINNIS**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 30, 2003*

Mr. McINNIS. Mr. Speaker, I rise before this body of Congress and this nation today to pay tribute to the life and memory of an outstanding woman from my state. Bernice "Bernie" Toonen Cooper of Durango, Colorado passed away recently at the age of 90. As her family and friends mourn their loss, I would like to tell my colleagues about this remarkable woman here today.

Born in 1913 in Wisconsin and raised in California, Bernie moved to Colorado in 1940. Trained as a nurse, she devoted 40 years to her profession, and many Durango residents chose to receive care in the hospital where she worked simply to have Bernie be their nurse. Several physicians with whom she regularly worked regarded her as the best nurse in town.